



WILD WEST WINTERFEST

Experience the West

FEBRUARY 12 – 14, 2010

Gallatin County Fairgrounds Events Park

901 North Black Avenue, Bozeman, MT 59715

Phone: (406) 582-3270 Fax: (406) 582-3273

www.wildwestwinterfest.org

email: fairgrounds@gallatin.mt.gov



PACKERS' SCRAMBLE ENTRY FORM

- Please print clearly.
- **Entry form** must be completely filled out, signed at the bottom, and payment made in full or entry will not be accepted. An entry form for each TEAM COMBINATION must be completed. Please mail or deliver to address above.
- Scramble will have two Divisions: Amateurs and Professionals.
- Entries are limited to the first seven (7) Amateur teams and seven (7) Professional teams, so get your entry in early.
- **Event Day/Time:** Saturday, February 13 7:00pm – 8:30pm
- **Mandatory Competitors' Meeting** at 6:30pm at the south end of the Indoor Arena. Have horses & equipment ready to go right after meeting.
- **Entry Fee:** \$25.00/TEAM COMBINATION. Make Checks Payable to "Gallatin County Fairgrounds".
- All persons entering the Fairgrounds, including Exhibitors, **must purchase an Admission Ticket.**

Team Name _____ Amateur _____ Professional _____

If Professional, Co. Name _____ # years experience _____

1st Team Member's Full Name: _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **E-Mail Address** _____

2nd Team Member's Full Name: _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **E-Mail Address** _____

STALL INFORMATION: *There will be NO CHARGE for stalls during this event. Please indicate how many you will need on the day of your arrival.*

Indicate Number of Stalls Needed:

_____ **Fri. 12th**

_____ **Sat. 13th**

PLEASE INCLUDE INFORMATION FOR THE ANNOUNCER: (Fun information about team members and their stock)

I, the undersigned, understand and acknowledge all rules and regulations and hereby hold harmless the Gallatin County Fairgrounds, Fair Board, Gallatin County, its agents and Staff from any claim or right for damages which may occur to me or my horse(s) or equipment during the 2010 Packers' Scramble. I also assume and accept full responsibility for any damages done by my horse(s) or myself.

1st Team Member's Signature: _____ **Date** _____

2nd Team Member's Signature: _____ **Date** _____

Note: *If a team member is under 18 years of age, please have parent or guardian sign.*

FOR OFFICE USE ONLY

DATE _____ **PAID CHECK #** _____ **CASH** _____ **RECEIPT #** _____
TEAM # _____